

OCT 07 2005

Atty Docket No. 021989-000410US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Post Issuance

Group Art Unit

OFFICIAL COMMUNICATION
FOR THE ATTENTION OF
POST ISSUANCE

09/788280

CERTIFICATION OF FACSIMILE TRANSMISSION

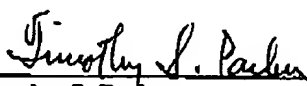
I hereby certify that the following documents in re U.S. Patent of David S. Burt, et al., No. 6,743,900 B2, issued June 1, 2004 for PROTEOSOME INFLUENZA VACCINE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Form PTO SB/21
2. Request for Withdrawal As Attorney or Agent and Change of Correspondence Address

Number of pages being transmitted, including this page: 3

Dated: October 7, 2005


Timothy S. Parker


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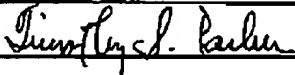
TOWNSEND and TOWNSEND and CREW LLP
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San Francisco, CA 94111-3834
Telephone: 858-350-6100
Fax: 415-576-0300
60603210 v1

OCT 07 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Patent Number	6,743,900 B2
	Issue Date	June 1, 2004
	First Named Inventor	Burt, David S.
	Art Unit	1648
	Examiner Name	Ulrike Winkler
	Attorney Docket Number	021989-000410US
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Scott E. McPherson	
Date	October 7, 2005	Reg. No. 53,307

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on October 7, 2005.			
Signature			
Typed or printed name	Timothy S. Parker	Date	October 7, 2005

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OCT 07 2005

PTO/SB/83 (04-05)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Patent Number	6,743,900 B2
Issue Date	June 1, 2004
First Named Inventor	BURT, David S.
Art Unit	1648
Examiner Name	Ulrike Winkler
Attorney Docket Number	021989-000410US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests to transfer matter

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR


☒ Firm or Individual Name Seed Intellectual Property Law Group PLLC

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Signature 

Name Scott E. McPherson

Registration No. 53,307

Date October 7, 2005

Telephone No. 858-350-6100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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